

Health & Welfare Benefits Briefing 2016 Open Enrollment

Presented to Employees

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Agenda

- Action To Take During Open Enrollment
- Open Enrollment Highlights
- Medical Plan Overview
- Dental Plan Overview
- Vision Plan Overview
- Legal Plan Overview
- Employee Premium 2016
- Important Deadlines
- Next Steps

Action To Take During Open Enrollment

- Change to a different medical plan.
- Change to a different dental plan. (California residents only.)
- Opt out of your medical, dental, and/or vision plan; or enroll in a plan if you previously opted out.
- Enroll or cancel eligible family members in your health plans.

Action To Take During Open Enrollment

- Enroll or reenroll in the Health Care Reimbursement Account (HCRA)—if currently enrolled, you **must reenroll** for 2016.
 - Current IRS rules restrict participation in HCRA if you are enrolled in the High Deductible Health Plan (HDHP).
- Enroll or reenroll in the Dependent Care Reimbursement Account (DCRA)—if currently enrolled, you **must reenroll** for 2016.

Open Enrollment Highlights

- Open Enrollment Period
 - October 26 through November 13, 2015
- Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 13, 2015
- Changes made during Open Enrollment are effective January 1, 2016

Open Enrollment Highlights

- Anthem Blue Cross Core plan is renamed Core Value plan
 - The individual deductible is decreasing to \$3,000/family deductible remains at \$6,000.
 - Health Savings Account (HSA) will be offered with Core Value plan
- Health Savings Account (HSA) employee contribution limits are \$2,600 for employee only coverage; \$5,250 for family
- The HSA will be administered by Health Equity.
- Mental Health and Substance Abuse benefits will now be provided by Anthem Blue Cross for all Blue Cross plans

Open Enrollment Highlights

- Health Care Reimbursement Account (HCRA) contribution limit will increase to \$2,550
- Legal Plan open for new enrollment
 - ID theft protection, caregiving and financial education counseling added

Medical Plans

- Health Maintenance Organizations (HMO)
 - Kaiser

- Anthem Blue Cross Plans:
 - Anthem Blue Cross Plus
 - Anthem Blue Cross PPO
 - Anthem Blue Cross EPO
 - Anthem Blue Cross HDHP with HSA
 - Anthem Blue Cross CORE Value with HSA

Kaiser Permanente

Health Maintenance Organization (HMO)



- Must live in the plan's service area – ***California only***
- Must use plan providers (except for emergencies)
- Primary Care Physicians (PCP) coordinates all care
- No claim forms and No deductibles

Service	Copay
Office Visit	\$25
Emergency Room, waived if admitted	\$100
In-hospital admission	\$500
Ambulance service	\$50
Prescription (generic)	\$10
Prescription (brand name)	\$35



Anthem Blue Cross

Common Features:

- Available Nationwide
- Same network used for all plans -- Anthem Blue Cross PPO network
- Look up doctors and facilities at www.anthem.com/ca/llns/
- Self Referrals
- Telemedicine via online
- Mental Health/Substance Abuse benefits through Anthem



Anthem Blue Cross

- Two level plan design
 - In-network and out-of-network
- In Network benefits through 40,000 PPO physicians
- Out-of-network benefits through all other physicians, you self refer
 - (non contracted physicians)

- In Network
 - Deductible: \$300 individual; \$900 family
 - You pay copayment for most services
 - Example: \$25 for most primary care office visits
 - Example: \$35 for specialist office visits
 - In addition you generally pay 20% for most services
- Out-of-Network
 - Deductible \$500 individual; \$1,500 family
 - You generally pay 40% of services after deductible (R&C limits)
 - You may be required to file claim forms
- In Network Pharmacy Out-of-Pocket Maximum:
 - \$2,800 individual
 - \$5,700 family

Anthem Blue Cross *EPO*



No
Change

- In Network only benefits
- You pay copayment for most services
 - Example: \$25 for most primary care office visits
 - Example: \$35 for specialist office visits
 - In generally addition you pay 10% for most services
 - No deductibles
- In Network Pharmacy Out-of-Pocket Maximum:
 - \$3500 individual
 - \$7000 family
- No Out-of-Network coverage (except emergency)

Anthem Blue Cross *PPO*



No
Change

- In Network
 - Deductible: \$500 individual; \$1,500 family
 - You generally pay 20% after deductible
- Out-of-network
 - Deductible: \$1,000 individual; \$3,000 family
 - You generally pay 40% for services (R&C limits)
 - You may be required to file claim forms
- In Network Pharmacy Out-of-Pocket Maximum:
 - \$2100 individual
 - \$4200 family



Anthem Blue Cross *HDHP*



No
Change

- In Network
 - Deductible: \$1,500 individual; \$3,000 family
 - You generally pay 10% after deductible
 - Must meet family deductible
- Out-of-network
 - Deductible: \$3,000 individual; \$6,000 family
 - You generally pay 30% for services (R&C limits)
 - Must meet family deductible
 - You may be required to file claim forms

Anthem Blue Cross *Core Value*

- \$3,000 deductible individual; \$6,000 for family
- You generally pay 20% coinsurance in-network
- You generally pay 40% out-of-network (R&C limits)
 - You may be required to file claim forms

Health Savings Account (HSA)

- Enrolled in Anthem Blue Cross HDHP or CORE Value
- HSA Employer Funding
 - \$750 Individual
 - \$1500 Family
- Employee contribution limit
 - \$2600 Individual
 - \$5250 Family
- Catch-up contribution if age 55 or older in 2016 an additional
 - \$1000

Health Savings Account (HSA)

- HSA money can be used to help pay the cost of out-of-pocket medical and prescription drug expenses.
- LLNS contributes per pay period.
- Employees make pretax contributions through payroll.
- Employee may make after tax contributions directly into HSA account.
- Unused balances rollover and are yours to keep, even when no longer employed by LLNS.

CVS/Caremark

Prescription Drugs for EPO, Plus, and PPO



**No
Change**

- **Generics** – \$10 retail; \$20 mail order
- **Retail formulary brand**
 - 20% copay, minimum \$40 and maximum \$60
- **Retail non-formulary brand**
 - 40% copay, minimum \$60 and maximum \$100
- **Mail order formulary brand**
 - 20% copay, minimum \$80 and maximum \$120
- **Mail order non-formulary brand**
 - 40% copay, minimum \$120 and maximum \$200



HDHP

- Pharmacy subject to deductible plus:
 - you pay 10% coinsurance if In-Network
 - You pay 30% coinsurance if Out-of-Network
 - Medical out-of-pocket maximum applies

CORE Value

- Pharmacy subject to deductible plus:
 - you pay 20% coinsurance if In-Network
 - You pay 40% coinsurance if Out-of-Network
 - Medical out-of-pocket maximum applies

CVS/Caremark

- Anthem Blue Cross mandatory mail order program for maintenance medication remains in effect
 - Once two refills have been dispensed by CVS or local pharmacy, future refills of your prescription must be dispensed using mail order
 - CVS Maintenance Choice lets you choose to receive your maintenance medication at a CVS/pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay

Dental Plans – *(Premiums paid by LLNS)*

- Delta Dental PPO
 - Worldwide coverage -- may use any dentist
 - Maximum benefits with Delta Dentists
 - \$1,700 annual maximum benefit (PPO Dentist)
 - \$1,500 annual maximum benefit (other Dentist)
- DeltaCare USA
 - HMO dental plan must use DeltaCare USA dentists only (except in emergencies)
 - No annual maximum benefit

Vision Plan – *(Premiums paid by LLNS)*

- Exam copayment \$20
- Len/Frame copayment \$25
- In-network frame allowance \$150
- In-network contact lens allowance \$130

Employee Premium Rate 2016

Divide by 2 if paid bi-weekly to determine the per pay period deduction(s). Divide by 4 if paid weekly.

Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Health				
Kaiser Permanente CA	60.00	125.00	107.00	172.00
Anthem Blue Cross EPO	311.00	653.00	560.00	902.00
Anthem Blue Cross Plus	556.00	1167.00	1000.00	1611.00
Anthem Blue Cross PPO	375.00	788.00	675.00	1088.00
Anthem Blue Cross HDHP	160.00	336.00	288.00	464.00
Anthem Blue Cross Core Value	54.00	112.00	96.00	155.00
Dental				
Delta Dental PPO (nationwide)	Premium paid by LLNS			
Delta Care USA DMO (California residents only)	Premium paid by LLNS			
Vision				
Vision Service Plan	Premium paid by LLNS			



Health Care Reimbursement Account

- Allows pre-tax reimbursement of allowable out-of-pocket medical costs
- Maximum annual contribution = \$2,550
 - If you and your spouse are both LLNS employees, you may each contribute up to \$2,550
 - Changes only allowed during Open Enrollment period or with eligible change in status
- No grace period for 2016
 - All expenses must be incurred by 12/31/2016
 - All claims must be submitted by 03/31/2017
- Cannot participate in HCRA if enrolled in HDHP

Dependent Care Reimbursement Account

- Allows employees to pay for dependent care on pre-tax, salary reduction basis
- Defer up to \$5,000 in a calendar year per family
 - Changes allowed during Open Enrollment period or with eligible change in status
 - Must submit claim form and receipts
- No grace period for 2016
 - All expenses must be incurred by 12/31/2016
 - All claims must be submitted by 03/31/2017

ARAG Legal Plan

- Preventative, domestic, consumer, and defensive legal services
- Network attorneys
- Non-network attorneys
- 800 # paralegal advice
- Online resources
- Other Benefits:
 - Expanded ID theft protection
 - Caregiving education & counseling
 - Financial education & counseling

Monthly Rate	
Employee Only	\$ 12.04
Employee & Spouse/Domestic Partner	\$ 16.56
Employee & Child(ren)	\$ 16.56
Employee & Family	\$ 18.06

Next Step

- **Use LAPIS to:**
 - Check your current enrollments
 - Make any Open Enrollment transaction
 - Verify that your beneficiary designations are up-to-date
 - Confirm LLNS has your correct home address; home telephone; and emergency contact

Next Step

- LAPIS is located at <https://lapis.llnl.gov> and is accessible from a Laboratory computer or through VPN. If you don't have access to a computer, workstations available at:
 - Main Library–T4727, Information Desk
 - Training Center–T1879, R100
 - Benefits Office–B543, R1216
- Log onto LAPIS Self Service and click on the Open Enrollment link under the Benefits topic from the navigation menu.

Legal Notice

- While this presentation and the verbal statements of Plan representatives are meant to be accurate, the actual Plan documents and relevant laws will govern at all times.
- In response to legal and contract requirements, market changes, etc., LLNS reserves the right to amend or terminate benefits at any time.
- Company policies on hiring, discharge, layoff, and discipline are in no way affected by the plans and programs described here. Therefore, nothing in this presentation is meant to be a guarantee of employment or continued employment.

